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| PATENT APPLICATION FEE DETERMINATION RECOR  |  |   |                                  |                              |                      |                                      |          |                |                          | opiication             | OI D            | ocket Nutti         | Dei                    |  |
|---|--|---|----------------------------------|------------------------------|----------------------|--------------------------------------|----------|----------------|--------------------------|------------------------|-----------------|---------------------|------------------------|--|
| Effective October 1, 2001   |  |   |                                  |                              |                      |                                      |          |                | 1                        | 004                    | 50              | 32                  |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                  |                              |                      |                                      |          | SMALI<br>TYPE  | EN                       | NTITY                  | OR              | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS  |  |   | 16                               |                              |                      |                                      |          | RAT            | Ε                        | FEE                    |                 | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                     |                              | NUMBER EXTRA         |                                      |          | BASIC          | FEE                      | 370.00                 | OR              | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | }                                |                              | * Ø                  |                                      |          | X\$ 9=         |                          |                        | OR              | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                        |                              | * 2                  |                                      |          | X42=           |                          |                        | OR              | X84=                | 165                    |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR                             | RESENT                           |                              |                      |                                      | +140=    |                |                          | 1                      | +280=           | 102                 |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than ze                     | ero, ente                    | r "0" in c           | 0" in column 2                       |          |                | TOTAL                    |                        | OR<br>OR        | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                  |                              |                      |                                      |          | 1017           | <b>\</b> L               |                        | UN              | OTHER               | THAN                   |  |
|   |  | (Column 1)                                | (Colur                           |                              |                      |                                      |          | SMALL ENTIT    |                          | ENTITY                 | OR SMALL ENTITY |                     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA                     |          | RAT            | E                        | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                            | **                           |                      | =                                    | ] [      | X\$ 9          | )=                       | <u>-</u>               | OR              | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                            | ***                          |                      | =                                    |          | X42            | =                        |                        | OR              | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                              |                      |                                      | ╽        | +140           | ١                        |                        | 1               | +280=               |                        |  |
|   |  |   |                                  |                              |                      |                                      | l        |                | TAL                      |                        | OR              | TOTAL               |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                                  |                              |                      |                                      |          |                | ADDIT. FEE OR ADDIT. FEE |                        |                 |                     |                        |  |
| AMENDMENT B   |  | CLAIMS HIC                                |                                  | HIGH                         | HEST                 |                                      |          |                |                          | ADDI-                  | 1               |                     | ADDI-                  |  |
|   | . :  | REMAINING<br>AFTER<br>AMENDMENT           |                                  | PREVI                        | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |          | RAT            | E                        | TIONAL<br>FEE          |                 | RATE                | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus                            | **                           |                      | =                                    | IJ I     | X\$ 9          | )=                       |                        | OR              | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                            | ***                          |                      | =                                    | X42      |                | =                        |                        | OR              | X84=                |                        |  |
|   | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEPENDENT                |                              | T CLAIM              | CLAIM                                |          | +140           | ·                        |                        | 1               | +280=               | ·                      |  |
|   |  |   |                                  |                              |                      |                                      |          |                | TAL                      |                        | OR              | TOTAL               |                        |  |
|   |  |   |                                  |                              |                      |                                      |          | ADDIT. F       |                          |                        | OR              | ADDIT. FEE          |                        |  |
| _   |  | (Column 1)<br>CLAIMS                      |                                  |                              | mn 2)<br>IEST        | (Column 3)                           | )<br>7 r |                |                          | 4551                   | ı               |                     | 1.00                   |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                  | PREVI                        | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |          | RAT            | E                        | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                            | **                           |                      | =                                    | ] [      | X\$ 9          | =                        |                        | OR              | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                            | ***                          |                      | =                                    | IJ Ì     | X42:           | =                        |                        | OR              | X84=                |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                              |                      |                                      |          |                |                          |                        |                 | <u> </u>            | <del></del>            |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                  |                              |                      |                                      |          |                |                          |                        | OR              | +280=               | <u> </u>               |  |
| **  | If the "Highest Nu<br>If the "Highest Nu       | mber Previously Pa<br>mber Previously P   | aid For" IN TH<br>aid For" IN TH | IS SPACE<br>IS SPACE         | is less tha          | in 20, enter "20<br>an 3, enter "3." | ,        | TO<br>Addit. F | EE                       |                        |                 | TOTAL<br>ADDIT. FEE |                        |  |
|   | The "Highest Nun                               | nber Previously Pa                        | id For" (Total c                 | r Independ                   | lent) is the         | e highest numb                       | er fou   | ind in the     | e apı                    | propriate bo           | x in co         | iumn 1.             |                        |  |